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|---|------------------------|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) | Attorney Docket No.    | 43426.00061   |
|   | First Inventor         | Shlomo Touboul, et al.  |
|   | Title                  | Methods And Systems For Auto-Marking, Watermarking, Auditing, Reporting, Tracing And Policy Enforcement Via E-Mail And Networking Systems |
|   | Express Mail Label No. | EL806909578US   |


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|--|--|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria VA 22313-1450  |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="25"/> ]<br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text" value="3"/> ]</p> <p>5. Oath or Declaration [Total Sheets <input type="text"/> ]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/>(for a continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: General Authorization Petition for Extensions of Time</p> |

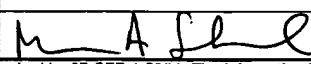
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>19. CORRESPONDENCE ADDRESS</b>                   |   |                                    |  |
| <input checked="" type="checkbox"/> Customer Number |   | <input type="text" value="30256"/> | OR <input type="checkbox"/> Correspondence address below |
| Name  |  |                                    |  |
| Address   | 30256<br>PATENT TRADEMARK OFFICE  |                                    |  |
| City  |   |                                    |  |
| Country   | State   | Zip Code                           |  |
|   | Telephone   | Fax                                |  |

|                   |   |                                   |                 |
|-------------------|---|-----------------------------------|-----------------|
| Name (Print/Type) | Marc A. Sockol  | Registration No. (Attorney/Agent) | 40,823          |
| Signature         |  | Date                              | October 7, 2003 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



|   |                        |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
|---|------------------------|--|--|--------------------|------------|-------------|-----------------|----------------------|------------------------|---------------|------------|----------|------------|---------------------|-------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                        | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unassigned</td> </tr> <tr> <td>Filing Date</td> <td>October 7, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Shlomo Touboul, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Art Unit</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>43426.00061</td> </tr> </table> |  | Application Number | Unassigned | Filing Date | October 7, 2003 | First Named Inventor | Shlomo Touboul, et al. | Examiner Name | Unassigned | Art Unit | Unassigned | Attorney Docket No. | 43426.00061 |
| Application Number  | Unassigned             |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
| Filing Date   | October 7, 2003        |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
| First Named Inventor  | Shlomo Touboul, et al. |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
| Examiner Name   | Unassigned             |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
| Art Unit  | Unassigned             |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
| Attorney Docket No.   | 43426.00061            |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |
| <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 2,804</p>  |                        |  |  |                    |            |             |                 |                      |                        |               |            |          |            |                     |             |

| <p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money   <input type="checkbox"/> Other   <input type="checkbox"/> None Order</p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>05-0150</td> </tr> <tr> <td>Deposit Account Name</td> <td>Squire, Sanders &amp; Dempsey L.L.P.</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>  |                                  |              |          |  | Deposit Account Number     | 05-0150 | Deposit Account Name | Squire, Sanders & Dempsey L.L.P. | <p><b>FEE CALCULATION (continued)</b></p> |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
|---|----------------------------------|--------------|----------|--|----------------------------|---------|----------------------|----------------------------------|---|--------------|----------|----------------|----------|----------|------|----------|--------------------|-----|--------------------|-----|------|-----|------|-----|-------------------|--|------|--------------------|------|-----|------------------|--|------|-----|------|-----|--------------------|--|--------------|-----|--------------|----|------------------------|----------|---------------------|----------|----------|----------|------|----------|---|---|------------------------|--|------|--------------|------|--------------|-----------------------------------|-----------------|----------|----------|----------|----------|---------------------------------------|------|------|------|------|-------------------------------------|--|------|------|------|------|---|--|------|---------------------|------|-----|---------------------------|--|------------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|----------------------------|
| Deposit Account Number  | 05-0150                          |              |          |  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Deposit Account Name  | Squire, Sanders & Dempsey L.L.P. |              |          |  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ 770)</td> </tr> </tbody> </table>   |                                  |              |          |  | Large Entity               |         | Small Entity         |                                  | Fee Description                           | Fee Paid     | Fee Code | Fee (\$)       | Fee Code | Fee (\$) | 1001 | 770      | 2001               | 385 | Utility filing fee | 770 | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003 | 530                | 2003 | 265 | Plant filing fee |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  | 1005         | 160 | 2005         | 80 | Provisional filing fee |          | <b>SUBTOTAL (1)</b> |          |          |          |      | (\$ 770) | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3)</b> (\$ 0)</td> </tr> </tbody> </table> |   |                        |  |      | Large Entity |      | Small Entity |                                   | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)                              | 1051 | 130  | 2051 | 65   | Surcharge - late filing fee or oath |  | 1052 | 50   | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130                 | 1053 | 130 | Non-English specification |  | 1812       | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | <b>SUBTOTAL (3)</b> (\$ 0) |
| Large Entity  |                                  | Small Entity |          | Fee Description  | Fee Paid                   |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Fee Code  | Fee (\$)                         | Fee Code     | Fee (\$) |  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1001  | 770                              | 2001         | 385      | Utility filing fee   | 770                        |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1002  | 340                              | 2002         | 170      | Design filing fee  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1003  | 530                              | 2003         | 265      | Plant filing fee   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1004  | 770                              | 2004         | 385      | Reissue filing fee   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1005  | 160                              | 2005         | 80       | Provisional filing fee   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| <b>SUBTOTAL (1)</b>   |                                  |              |          |  | (\$ 770)                   |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Large Entity  |                                  | Small Entity |          | Fee Description  | Fee Paid                   |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Fee Code  | Fee (\$)                         | Fee Code     | Fee (\$) |  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1051  | 130                              | 2051         | 65       | Surcharge - late filing fee or oath  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1052  | 50                               | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.                    |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1053  | 130                              | 1053         | 130      | Non-English specification  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1812  | 2,520                            | 1812         | 2,520    | For filing a request for reexamination                                     |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1804  | 920*                             | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1805  | 1,840*                           | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1251  | 110                              | 2251         | 55       | Extension for reply within first month                                     |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1252  | 420                              | 2252         | 210      | Extension for reply within second month                                    |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1253  | 950                              | 2253         | 475      | Extension for reply within third month                                     |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1254  | 1,480                            | 2254         | 740      | Extension for reply within fourth month                                    |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1255  | 2,010                            | 2255         | 1,005    | Extension for reply within fifth month                                     |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1401  | 330                              | 2401         | 165      | Notice of Appeal   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1402  | 330                              | 2402         | 165      | Filing a brief in support of an appeal                                     |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1403  | 290                              | 2403         | 145      | Request for oral hearing   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1451  | 1,510                            | 1451         | 1,510    | Petition to institute a public use proceeding                              |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1452  | 110                              | 2452         | 55       | Petition to revive - unavoidable   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1453  | 1,330                            | 2453         | 665      | Petition to revive - unintentional   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1501  | 1,330                            | 2501         | 665      | Utility issue fee (or reissue)   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1502  | 480                              | 2502         | 240      | Design issue fee   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1503  | 640                              | 2503         | 320      | Plant issue fee  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1460  | 130                              | 1460         | 130      | Petitions to the Commissioner  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1807  | 50                               | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)                                       |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1806  | 180                              | 1806         | 180      | Submission of Information Disclosure Stmt                                  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 8021  | 40                               | 8021         | 40       | Recording each patent assignment per property (times number of properties) |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1809  | 770                              | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1810  | 770                              | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1801  | 770                              | 2801         | 385      | Request for Continued Examination (RCE)                                    |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1802  | 900                              | 1802         | 900      | Request for expedited examination of a design application                  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Other fee (specify) _____   |                                  |              |          |  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| *Reduced by Basic Filing Fee Paid   |                                  |              |          |  | <b>SUBTOTAL (3)</b> (\$ 0) |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%;"> <tr> <td>Total Claims</td> <td>90</td> <td>-20 **</td> <td>=</td> <td>70</td> <td>Extra Claims</td> <td>X</td> <td>Fee from below</td> <td>18</td> <td>=</td> <td>1260</td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td>12</td> <td>-3 **</td> <td>=</td> <td>9</td> <td>X</td> <td>86</td> <td>=</td> <td>774</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td>0</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ 2,034)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |                                  |              |          |  | Total Claims               | 90      | -20 **               | =                                | 70  | Extra Claims | X        | Fee from below | 18       | =        | 1260 | Fee Paid | Independent Claims | 12  | -3 **              | =   | 9    | X   | 86   | =   | 774               |  |      | Multiple Dependent |      |     |                  |  | X    |     | =    | 0   |                    |  | Large Entity |     | Small Entity |    | Fee Description        | Fee Paid | Fee Code            | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18       | 2202  | 9 | Claims in excess of 20 |  | 1201 | 86           | 2201 | 43           | Independent claims in excess of 3 |                 | 1203     | 290      | 2203     | 145      | Multiple dependent claim, if not paid |      | 1204 | 86   | 2204 | 43                                  | ** Reissue independent claims over original patent |      | 1205 | 18   | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |     |                           |  | (\$ 2,034) |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Total Claims  | 90                               | -20 **       | =        | 70   | Extra Claims               | X       | Fee from below       | 18                               | =   | 1260         | Fee Paid |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Independent Claims  | 12                               | -3 **        | =        | 9  | X                          | 86      | =                    | 774                              |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Multiple Dependent  |                                  |              |          |  | X                          |         | =                    | 0                                |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Large Entity  |                                  | Small Entity |          | Fee Description  | Fee Paid                   |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| Fee Code  | Fee (\$)                         | Fee Code     | Fee (\$) |  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1202  | 18                               | 2202         | 9        | Claims in excess of 20   |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1201  | 86                               | 2201         | 43       | Independent claims in excess of 3  |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1203  | 290                              | 2203         | 145      | Multiple dependent claim, if not paid                                      |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1204  | 86                               | 2204         | 43       | ** Reissue independent claims over original patent                         |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| 1205  | 18                               | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |                            |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |
| <b>SUBTOTAL (2)</b>   |                                  |              |          |  | (\$ 2,034)                 |         |                      |                                  |   |              |          |                |          |          |      |          |                    |     |                    |     |      |     |      |     |                   |  |      |                    |      |     |                  |  |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |          |   |   |                        |  |      |              |      |              |                                   |                 |          |          |          |          |                                       |      |      |      |      |                                     |  |      |      |      |      |   |  |      |                     |      |     |                           |  |            |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                            |

|                            |                |                                   |        |  |                 |
|----------------------------|----------------|-----------------------------------|--------|--|-----------------|
| <p><b>SUBMITTED BY</b></p> |                |                                   |        | <p><b>Complete (if applicable)</b></p> |                 |
| Name (Print/Type)          | Marc A. Sockol | Registration No. (Attorney/Agent) | 40,823 | Telephone                              | 650.856.6500    |
| Signature                  |                |                                   |        | Date                                   | October 7, 2003 |

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application Of:

Examiner: Unassigned

Shomo Touboul and Robert Yusin

Art Unit: Unassigned

Serial No: Unassigned

Filed: October 7, 2003

For: METHODS AND SYSTEMS FOR  
AUTO-MARKING,  
WATERMARKING, AUDITING,  
REPORTING, TRACING AND  
POLICY ENFORCEMENT VIA E-  
MAIL AND NETWORKING  
SYSTEMS

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Alexandria, VA 22313-1450

**GENERAL AUTHORIZATION TO PETITION FOR EXTENSIONS OF TIME**

Dear Sir:


With reference to the subject application, and pursuant to 37 C.F.R. § 1.136, Applicants hereby authorize and request the Commissioner to treat any correspondence requiring a petition for extension of time as containing such a request therefor for the appropriate length of time. This general authorization is effective during the pendency of this application, including any division or continuing application therefrom.

Where no check is received by the Commissioner, you are hereby authorized to charge payment of the requisite petition fees, or charge any additional fee required under 37 C.F.R. § 1.17, or credit any overpayment of same, to Deposit Account No. 05-0150.

Date: 10-7-03

Respectfully submitted,

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